Application Information	
Application number::	
Filing Date::	
Application Type::	Utility
Subject Matter::	·
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	No
Title::	End point detection for sputtering and resputtering
Attorney Docket Number::	006869
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	No
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant 1 Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Sasson
Middle Name::	R.
Family Name::	Somekh
Name Suffix::	
City of Residence::	Los Altos Hills
State or Province of Residence::	California
Country of Residence::	U.S.
Street of Mailing Address::	25625 Moody Road
City of Mailing Address::	Los Altos Hills
State or Province of Mailing Address::	California

Country of Mailing Address::

U.S.

Postal or ZIP Code of Mailing Address:: 94022

Applicant 2 Authority Type::

Inventor

Primary Citizenship Country::

U.S.

Status::

**Full Capacity** 

Given Name::

Marc

Middle Name::

Ο.

Family Name::

Schweitzer

Name Suffix::

City of Residence::

San Jose

State or Province of Residence::

California

Country of Residence::

U.S.

Street of Mailing Address::

1780 Cleveland Avenue

City of Mailing Address::

San Jose

State or Province of Mailing Address::

California

Country of Mailing Address::

U.S.

Postal or ZIP Code of Mailing Address:: 95126

Inventor Applicant 3 Authority Type::

Primary Citizenship Country::

U.S.

Status::

**Full Capacity** 

Given Name::

John

Middle Name::

C.

Family Name::

**Forster** 

Name Suffix::

City of Residence::

San Francisco

State or Province of Residence::

California

Country of Residence::

U.S.

Street of Mailing Address::

465 10th Street #205

City of Mailing Address::

San Francisco

State or Province of Mailing Address::

California

Country of Mailing Address::

U.S.

Page # 2

Initial 9/11/03

Postal or ZIP Code of Mailing Address:: 94103

Applicant 4 Authority Type:: Inventor

Primary Citizenship Country:: U.S.

Status:: Full Capacity

Given Name:: Zheng

Middle Name::

Family Name:: Xu

Name Suffix::

City of Residence:: Foster City

State or Province of Residence:: California

Country of Residence:: U.S.

Street of Mailing Address:: 279 Hudson Bay Street

City of Mailing Address:: Foster City

State or Province of Mailing Address:: California

Country of Mailing Address:: U.S.

Postal or ZIP Code of Mailing Address:: 94404

Applicant 5 Authority Type:: Inventor

Primary Citizenship Country:: U.S.

Status:: Full Capacity

Given Name:: Roderick

Middle Name:: C.

Family Name:: Mosley

Name Suffix::

City of Residence:: Pleasanton

State or Province of Residence:: California

Country of Residence:: U.S.

Street of Mailing Address:: 4337 Diavila Avenue

City of Mailing Address:: Pleasanton

State or Province of Mailing Address:: California

Country of Mailing Address:: U.S.

Postal or ZIP Code of Mailing Address:: 94588

Country of Mailing Address::

Postal or ZIP Code of Mailing Address:: 95060

Applicant 6 Authority Type:: Inventor Primary Citizenship Country:: U.S. **Full Capacity** Status:: Given Name:: Barry L. Middle Name:: Chin Family Name:: Name Suffix:: City of Residence:: Saratoga State or Province of Residence:: California Country of Residence:: U.S. 13174 Cumberland Drive Street of Mailing Address:: City of Mailing Address:: Saratoga State or Province of Mailing Address:: California Country of Mailing Address:: U.S. Postal or ZIP Code of Mailing Address:: 95070 Applicant 7 Authority Type:: Inventor U.S. Primary Citizenship Country:: **Full Capacity** Status:: Howard Given Name:: E. Middle Name:: Grunes Family Name:: Name Suffix:: City of Residence:: Santa Cruz State or Province of Residence:: California Country of Residence:: U.S. 237 Trevethan Avenue Street of Mailing Address:: City of Mailing Address:: Santa Cruz State or Province of Mailing Address:: California

U.S.

## **Correspondence Information**

Correspondence Customer Number::

Name::

Patent Counsel, Applied Materials, Inc.

Street of Mailing Address::

Post Office Box 450A

City of Mailing Address::

Santa Clara

State or Province of Mailing Address::

California

Country of Mailing Address::

U.S.

Postal or ZIP Code of Mailing Address:: 95052

0.0.

Phone number::

Fax number::

E-mail address::

## **Representative Information**

Representative Designation::	Registration Number::	Representative Name::
Primary	25,610	Peter J. Sgarbossa
Associate	28,868	William K. Konrad

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application		60/410,843	September 13, 2002

## **Foreign Priority Information**

## **Assignment Information**

Assignee Name::

Applied Materials, Inc.